

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593533

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		2	/	/		
4	2	2	/	/		
5		2	/	/		
6	(1)		/	/		
7	(1)		/	/		
8	(1)		/	/		
9	(1)		/	/		
10	(1)		/	/		
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49						
50						
TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	39	←	34	←		←
TOTAL CLAIMS	40		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						